STATE OF COLORADO

DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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Bill Owens
Governor

James T. Rizzuto
Executive Director

February 10, 2000

HCFA-Center for Medicaid & State Operation, FCHPG
Attention: Mike Fiore, Division of Integrated Services
7500 Security Blvd.
Baltimore, MD 21244

Dear Mr. Fiore:

We are pleased to submit for your consideration, **The Colorado Family Planning Medicaid Expansion Project.** This project results from a partnership between the Colorado Department of Health Care Policy and Financing and the Colorado Department of Public Health and Environment. The Departments seek a Medicaid waiver to provide family planning services to persons with incomes at or below 150% of the federal poverty level.

The goal of **The Colorado Family Planning Medicaid Expansion Project** is to increase the number of women and men receiving comprehensive reproductive health services, including contraception, while reducing the social and financial costs associated with unintended pregnancy. In addition to expanding the constituency receiving services, the waiver is expected to save $1.78 in Medicaid expenditures for every dollar spent on the proposed project.

We are enthusiastic about this unique opportunity to improve the quality of life for thousands of Coloradans, and look forward to receiving your support and approval of this important project.

Sincerely,

/s/

James T. Rizzuto
Executive Director
Colorado Department of Health
Care Policy and Financing

/s/

Jane E. Norton
Executive Director
Colorado Department of Public
Health and Environment

CC: Richard C. Allen, State Medicaid Director
Merril Stern, Director for Family Community Health Services Division

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Colorado Family Planning Medicaid Expansion Project

Submitted by

Colorado Department of Health Care Policy and Financing

Colorado Department of Public Health and Environment

FEBRUARY 17,2000

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Colorado Family Planning **Medicaid Expansion Project.**

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TABLE OF CONTENTS

Medicaid Expansion Project

A. The Colorado Family Planning Medicaid Expansion Project Executive Summary

Background

The Institute of Medicine's report, ***The Best Intentions: Unintended Pregnancy and the Well Being of Children and Families*** calls for a new norm that **"All** pregnancies should be intended - that is, they should be consciously and clearly desired at the time of conception." It is estimated that in the United States nearly 49% of all births are unintended at conception. Colorado-specific data indicates that nearly 51% of all pregnancies in the state were begun without planning or intent. The Colorado Medicaid Program in 1998 paid for 18,281 deliveries at a cost of approximately $75 million. It is estimated that 59% of these births were unintended.

The Institute of Medicine's report also discusses that one of the most effective ways to improve the health of women and children is to increase the percentage of births that are planned. It is anticipated that a decrease in unintended pregnancy would result in healthier babies and stronger families. Unintended pregnancies include pregnancies that are mistimed or unwanted. A woman with an unintended pregnancy is less likely to seek early prenatal care and is more likely to expose her child to harmful substances like tobacco or alcohol. The child of an unwanted conception (as distinct from a mistimed one) is at greater risk for being born at a low birth weight, of dying in the first year of life, of being abused, and of receiving insufficient resources for healthy development. The mother may be at greater risk of depression and of physical abuse herself, and her relationship with her partner is at greater risk of dissolution. Both mother and father may suffer economic hardship and **may** fail to achieve their educational and career goals, which may impede the formation and maintenance of strong families.

Based on data from the National Survey of Family Growth (NSFG), the Colorado Department of Public Health and Environment's Women's Health Section (CDPHE-WHS) **has** estimated the number of women in need of subsidized family planning services in Colorado. The number of women in need (WIN) in a county is categorized according to age and marital status. All adolescents aged 13-14 who are sexually experienced are considered to be in need. Older teens that do not desire pregnancy are considered in need, regardless of marital status and income levels. Factors used in determining need in the over-20 age group include marital status, sexual experience, current desire for pregnancy, ability to conceive (fecundity) and use of private family planning services.

Colorado ranks 20th among all states in the provision of contraceptive services to women in need. According to the Alan Guttmacher Institute, 500,000 women in 'Colorado, including 56,400 teenagers, are in need of contraceptive services. Eleven percent of women aged 15-44 in Colorado are living in poverty and 16% do not have private health insurance. **A** total of 224,100 women aged 13-44 in the state is in need of publicly supported contraceptive services, either from CDPHE-WHS or other public sector providers. While the 122 publicly supported family planning clinics serve 105,590 women, including 21,740 adolescents, this represents only 47% of

all women in need and 39% of teenagers in need. Publicly supported contraceptive services in Colorado helped avert an estimated 29,265 pregnancies in 1997.

All of the women identified as WIN are young and/or poor. They are at high risk for unplanned pregnancies and for contracting sexually transmitted diseases. Many live in rural areas where the sources of availability of medical providers can be very limited. Uninsured or underinsured women often cannot afford the market price of nearly $35.00 a month for birth control pills. These women need comprehensive and integrated services to assure they receive all the general health and preventive care possible, In addition to basic contraceptive services, the population served by family planning clinics needs routine health screening and reproductive health services including screening, testing, and treatment for sexually transmitted diseases.

The Colorado Family Planning Medicaid Expansion Project will increase access to family planning services and thus reduce unintended pregnancy in Colorado by extending Medicaid coverage to Coloradans with family incomes below 150% of the poverty level. Additionally, Baby Care/Kids Care Medicaid (current income eligibility is at or below 133% of the poverty level) eligible women would receive contraceptive services for at least two years postpartum, instead of the current sixty days.

The goal of the waiver demonstration project is to increase the number of women and men receiving comprehensive reproductive health services and improve the well being of children and families by reducing the social and financial costs associated with unintended pregnancy. A Medicaid waiver is being sought to provide comprehensive reproductive health care services, including contraception for people with incomes at or below 150% of the federal poverty level. A portion of the current state funding used for family planning would be used to leverage federal funds at a nine to one ratio, thus allowing Colorado to serve significantly more low income people using the current level of state general fund.

The demonstration project has the following objectives:

- Reduce the rate of unintended pregnancy among Colorado women and families.
- Increase the number of low-income people who have access to comprehensive reproductive health services, including reliable contraceptives.
- Increase the proportions of births spaced more than eighteen months apart and realize the associated health benefits.
- Reduce the teen pregnancy and birth rates for 15-17 year olds, and reduce second births among adolescents.
- Reduce the costs associated with Medicaid and other health and human service programs resulting from the reduction of unintended pregnancy.

Several important features learned from other similar waivers have been incorporated into this project to assure its success:

- Expedited enrollment appears to be most effective
- Well planned outreach is vital to success
- Written materials must be clear and in appropriate languages
- A wide variety of providers is important
- Implementation should be done carefully
- The evaluation design should be well thought out

B. Overview of the Colorado Family Planning Medicaid Expansion Project

The project is a partnership between the Colorado Department of Public Health and Environment (CDPHE) and the Colorado Department of Health Care Policy and Financing (CDHCPF). Services will be provided according to Title X Family Planning regulations and will be provided by Medicaid-eligible family planning providers throughout the state. An already existing network of Essential Community Providers, which includes Title X-funded Family Planning Clinics, Community Health Centers, and other designated Medicaid providers, will be used to provide services.

The waiver will create a new family planning only eligibility group under the Medicaid Program. The family planning benefit will be available to men and women of childbearing age who are United States citizens or Qualified Aliens and who are not categorically eligible for Medicaid. The program income limit will be 150% of the federal poverty level. Covered services are expected to include physical exams, lab tests including STD screening, counseling services, patient education and contraceptive methods, including vasectomy and tubal ligations.

Expedited eligibility will be determined using a self-disclosure form at designated provider sites. Once the new Medicaid eligibility system, Colorado Benefits Management System (CBMS), is operational in the second year of the project, any certified Medicaid provider may enroll eligible clients for this benefit based on state prescribed rules.

About how many providers?

The first group of providers will be the statewide network of Essential Community Providers which includes Title X funded family planning programs, Community Health Centers, and other nonprofit providers of family planning services. After the new Medicaid eligibility system is operational, any Medicaid-eligible certified family planning provider may participate in the project.

what provider types are certified FPs?

Title X resources will be used to serve additional individuals who are not eligible for the expanded Medicaid benefit, to subsidize services for women with incomes up to 250% (current level is 200%) of the federal poverty level, strengthen Title X infrastructures, and to engage in outreach efforts.

The expanded benefit would allow Medicaid to serve an estimated additional 35,601 women with incomes at or below 150% of poverty. It is estimated that a total of 139,541 people with incomes at 150% or less of the poverty level would be eligible for the new benefit. Of that number, about 32,952 people with incomes at 150% or less of the poverty level are already receiving family planning services through Title X, Medicaid, or other programs. An estimated 2,649 clients who are not currently receiving family planning services will be able to access this benefit in the first year which would increase to 4,217 in the last year of the project.

1st yr 2649 final yr 4217

The demonstration project will include the development and implementation of a statewide public education campaign, including community outreach and education which will target eligible individuals.

C. Public Notice

The "Family Planning for All Coalition" began meeting in October 1997 to explore the possibility of expanding coverage for family planning services through additional limited benefit categories of coverage under the State's Medicaid Program. The coalition met eight times prior to the passage of legislation and was instrumental in developing the proposed waiver. It has functioned as an external advisory committee subsequent to the passage of the legislation and has provided assistance in the development of this waiver. The coalition includes the CDPHE, CDHCPF, family planning providers such as Planned Parenthood of the Rocky Mountains, Colorado Obstetrics and Gynecological Society, Colorado Community Health Network, and several other health care advocacy organizations interested in the issue. Letters of support are included in Attachment A.

Necessary state legislation was passed in 1999, which directed the CDHCPF Medicaid Program to submit a waiver seeking the creation of a family planning only benefit (Attachment B). The legislation passed in both the House and Senate and was reviewed in the appropriate Health, Environment, Welfare and Institution and Appropriations Committees. Governor Owens signed the legislation.

D. Current Environment

A family planning only benefit does not exist within the Colorado Medicaid Program. Comprehensive reproductive health services are available to Medicaid-eligible clients as a part of their overall program benefits. Women who are eligible for 1931 Medicaid continue to receive

FP coverage under M'caid 2 mos. post partum FP in expanded prenatal prog

comprehensive Medicaid benefits. Pregnant women, who are eligible for the expanded Medicaid prenatal program, Baby Care/Kids Care receives a two-month postpartum family planning benefit.

The number of women who are currently Medicaid-eligible and may receive family planning benefits is estimated to be at least 18,000. The majority of these women participate in the Baby Care/Kids Care Program, which only provides a family planning benefit for two months postpartum. Eligibility for the Medicaid Program for 1931-eligible women is at the low level of 30% of the federal poverty level.

The State Medicaid Program has historically delivered a family planning benefit as part of the comprehensive services received by Title XIX-eligible clients. CDPHE has been delivering high quality family planning services via the CDPHE Women's Health Section Family Planning Program (WHS FPP) for nearly thirty years. The Departments have collaborated successfully to implement other joint programs such as EPSDT and the Prenatal Plus case management Program. The Departments are confident they have the expertise to implement the waiver program described in this document. The project is being designed to include monitoring and evaluation systems to ensure quality and reduce the potential for fraudulent use.

Any Medicaid-eligible certified provider who wishes to participate in the project may do so. However, in the first phase of the project, Essential Community Providers will be eligible and encouraged to participate in the waiver project. An Essential Community Provider (ECP) is defined, according to Colorado Statute, as a provider who has historically served medically needy or medically indigent patients. ECPs in Colorado include CDPHE Women's Health Section funded Family Planning Clinics, Community Health Centers, and other public provider sites. The State of Colorado has provided state general fund financing for family planning programs for nearly thirty years. CDPHE WHS manages a statewide network of family planning providers.

why? 1st phase

The second phase of the project will occur after the initiation of the new Colorado Benefits Management System (CBMS). CBMS is a new computerized eligibility system, which is expected to be implemented by the second year of the pilot project. Upon implementation other Medicaid providers who are certified can participate in the expanded family planning demonstration project.

2nd phase

E. Previous Experience

CDPHCF has extensive experience in obtaining waivers and operating waiver programs. The Department has been operating a 1915(b) Freedom of Choice Primary Care Physician Program since 1983. It was the third such program in the U.S. Colorado was granted the second and sixth Home and Community Based Services 1915 (c) waivers granted by HCFA. The HCBS Developmental Disabilities and HCBS-Elderly, Blind, and Disabled programs have been operating since 1983. These programs have been extensively reviewed by HCFA and are in

good standing. Independent evaluations have shown them to be cost-effective programs. Colorado currently operates ten HCBS waiver programs, which is more than any other state.

Colorado also has three approved 1115 waiver programs. The PACE Program has been operating since 1991. The Medicaid Alternates to Home Health Care waiver was approved in 1997 and is in the process of being implemented. The Integrated Care and Financing Project was approved on July 1, 1999 with the revised terms and conditions being approved on September 21, 1999.

Colorado has also submitted an 1115 waiver for the Consumer Directed Attendant Support project and a coverage continuation Work Incentive for the Disabled (DWIN) program. Final responses have not yet been received from HCFA.

F. Necessary Legislation

The Colorado General Assembly passed Legislation authorizing CDHCPF to initiate and implement a Medicaid waiver in 1999. It is expected that additional changes will be needed in the Medical Assistance Act Regulations.

G. Public Input

The state has solicited and obtained input from a number of public interest groups in the manner described in the Public Notice Section. The passing of the legislation described above shows broad support. H. Overall State Budget Consideration

State legislation requires that no additional state funding be requested to implement the family planning expansion project. State general funds provided to the Colorado Department of Public Health and Environment, for family planning services will be the match for federal funding. Currently CDPHE receives approximately $1.5 million to provide statewide family planning services.

CDHCPF Medicaid Program has received ongoing support from the State General Assembiy and has received increased funding to provide necessary services. CDPHE has received state general fund support for family planning services for nearly thirty years. It is expected that this support will continue.

I. Program Administration

Organizational Structure and Contractual Relationships. The CDPHE-WHS and CDHCPF-Title XIX Medicaid will jointly manage the project. The Departments have experience in jointly managing programs as evidenced by the EPSDT and Prenatal Plus Programs. Medicaid's

primary responsibility would be oversight of Title XIX policies and procedures. reimbursement system, and provision of data for evaluation. CDPHE-WHS responsibilities would include day-to-day management; quality assurance, training, marketing campaign, and project evaluation. Many responsibilities will be managed jointly to ensure success of the project, such as the development of an outreach/marketing campaign, and program evaluation. A Memorandum of Agreement will be prepared between the two Departments to further delineate responsibilities. The Director of the Women's Health Section at CDPHE and the Director of the Health Care Benefits Section at CDHCPF will be primarily responsible for the project. Administrative, health care, fiscal, and information technology staff from both agencies will be involved.

J. Eligibility

Eligibility Categories. Currently, women who qualify for 1931 Medicaid and women who are eligible for Baby Care/Kids Care receive Medicaid benefits which includes family planning services. The Baby Care/Kids Care Program serves eligible pregnant women with incomes up to 133% of the federal poverty level. The family planning benefit is offered for two months postpartum.

The Expanded population will be limited to women and men who are not eligible for Medicaid, with incomes up to 150% of the federal poverty level, and who are seeking reproductive health care, contraceptive methods, and supplies to avoid unintended pregnancies. The proposed new coverage type would also extend the family planning benefit for two years postpartum for Baby Care/Kids Care eligible women.

Eligibility Criteria. The waiver will create a new family planning only coverage group that does not currently exist. The family planning benefit will be available to men and women of childbearing age who are United States citizens or Qualified Aliens and who are already eligible for Medicaid. The program income limit will be 150% of the federal poverty level.

Eligibility Determination Process. The project will include two eligibility groups and time spans: 1) two years for women who have exhausted Medicaid benefits under the Baby Care/ Kids Care Program, and **2)** one year for all other eligible individuals. The individual will be required to reapply annually to establish the next eligibility span. This process eliminates the need for ongoing case maintenance, redetermination, and notices.

The clients' eligibility determination will be a simple procedure modeled after the presumptive eligibility process currently used by the state. The automated rules base in CBMS will do the eligibility determination. The eligibility determination is State controlled and State automated. Applications will be provider-specific, thus promoting continuity of care and ensuring a simple and inexpensive administrative process. The application and determination will occur during the initial visit with the provider. Clients will complete a self-declaration form with a name, Social Security number, and statement of income. If eligible, the client will be given a (limited)

Medicaid Authorization Card (MAC). The card will specify the limited family planning only benefit available to the client.

The date of the determination will be considered the date of enrollment. The date will be recorded in the COIN system and on the clients Medicaid Authorization Card (MAC). The card will reflect that the benefit is limited. The benefit will be effective for a year from enrollment for most clients and two years for women who qualify for Baby Care/Kids Care.

Eligibility data will be initially collected via the Client Oriented Information Network (COIN) system. However subsequent data collection will occur via the Colorado Benefits Management System (CBMS) when it is completed. CBMS will be an automated system for public assistance program eligibility determination, record management, and reporting. It will also integrate the eligibility determination of all publicly funded Medicaid programs in Colorado. It will replace and integrate data from existing automated and manual systems. It is estimated that the new system will be in place by 2002. Once CBMS is available, sites must use it as the online client eligibility determination system. Until CBMS is in place, determination will be conducted manually by provider sites according to State controlled eligibility criteria. As stated before, until implemented, eligible providers will be limited to Essential Community Providers. Often family planning clinics are located in county health departments or nursing services. These sites often work with federal programs and are experienced with screening clients for income and benefits. Additional Medicaid-eligible providers can participate in the pilot project once the CBMS is implemented.

is this the reason for Phase I?

are these women usually not M'caid eligible?

Clients who are Medicaid eligible would not be covered under this waiver. However, women who receive Baby Care/Kids Care would have their family planning benefit extended for twenty-four months postpartum rather then the current two months. Providers will be encouraged to screen for Medicaid and the Child Health Plan Plus (CHP+) program eligibility. If the declared income is sufficiently low, providers will forward the application the **DSS** office in the client's county of residence. All clients who may be eligible for CPH+ or Medicaid will be encouraged to apply for these programs. Private health insurance that covers family planning services will be the primary payer.

Clients can choose not to enroll in the Child Health Plan Plus Program, even if found eligible, and the family planning benefit will still be provided. If the client is found to be eligible for the State Medicaid program or Child Health Plan Plus and chooses to enroll, the family planning benefit will be provided until the Medicaid or Child Health Plan Plus benefit is established. Providers will also be asked about other sources of family planning benefit coverage, such as private health insurance.

Most beneficiaries of services provided under Colorado Medicaid are subject to managed care under an HMO plan or with a single primary care physician. Individuals eligible under the expanded benefit will not be required to choose an HMO or PCP. The approval for coverage will be site-specific. **As** with managed care for Medicaid clients, the client will need to receive all family planning benefits from the provider he/she chooses. **A** change of family planning

providers will be permitted only annually or under "good cause" criteria, when for example the client moves from the provider's service area.

K. Administration

The family planning provider site will be responsible for determining eligibility according to State guidelines. Individuals will apply for the benefit at the time of their annual reproductive health exam at the provider site. County Human Services Staff will continue to be able to process eligibility for all Medicaid benefits including this pilot project benefit. Human Services Staff will be able to refer eligible persons to family planning programs in their community.

L. Benefit Package

Covered Services. Comprehensive family planning services will be covered. These services include: history and physical exam, laboratory tests, patient education and counseling, referral and follow-up services, sexually transmitted disease diagnosis, dispensing and administration of approved contraceptives. Pregnancy tests and tubal ligations will be covered for women. The project would not pay for abortions. Assurance of client confidentiality will be required.

Vasectomies will also be provided for qualifying low-income men. Other services .for men would include comprehensive male reproductive health exams, counseling, referrals and condoms.

Because the level of demand for sterilization is difficult to predict and the benefit is costly, access to tubal ligations and vasectomies will be capped at **5 %** of the projected Medicaid enrollment.

Carve-Out Services. Services that are offered under this waiver may be essentially considered a Medicaid carve-out service. No other Medicaid benefit will be available to this population except those identified in the covered service section. This waiver will not affect the HCBS waiver. No co-payments will be required.

M. Special Population

The waiver requests the provision of service to a "special population" that is individuals seeking family planning services. Most of the individuals to be served by the project do not currently receive Medicaid benefits.

N. Delivery Network

Model for Delivering Care. Statewide services will be provided according to Title X Family Planning regulations and will be provided by Medicaid-eligible family planning providers throughout the state. The benefit reimbursement to services providers will be a global rate for comprehensive family planning services including most contraceptive supplies and devices. The following services will be reimbursed at a defined fee for service rate: Norplant, IUD, and Depo-Provera. Tubal ligation and vasectomy procedures will also be fee for service. No special incentives will be used for participation. Case management will not be a component of this project.

Midlevel practitioners such as certified nurse practitioners and nurse midwives primarily do the delivery of family planning care in the Essential Community Provider category. It is anticipated that the largest providers of this benefit will be CDPHE WHS-funded family planning providers and Federally Qualified Community Health Centers. Both systems offer services in a clinic setting. The CDPHE WHS Family Planning Program has twenty-six contract agencies that serve clients in sixty-one clinics located Statewide. Planned Parenthood of the Rocky Mountains provides services at additional sites besides those clinics funded by the CDPHE WHS. Fourteen Community Health Centers, which have satellite offices, are also available statewide. Individual Medicaid providers, who will typically use a physician-based model, may provide the benefit subsequent to the implementation of CBMS. The family planning site will do coordination of services. It is anticipated that very few services will be provided outside the family planning provider's office except sterilization and colposcopy procedures.

Essential Providers. The demonstration project will be implemented first among Essential Community Providers (Attachment C). All Essential Community Providers who offer comprehensive family planning services will be informed about the waiver project and invited to participate. There are approximately 150 Essential Community Providers statewide in Colorado with nearly half of them providing family planning services. The major providers include CDPHE WHS-funded family planning clinics, Planned Parenthood sites, and community health centers.

There is currently no reimbursement offered for a Medicaid family planning only benefit. The proposed reimbursement is consistent with the reimbursement rate that has historically been negotiated between CDHCPF Medicaid Program and the CDPHE WHS.

Solvency Requirement. Due to the nature of the waiver and the emphasis on Essential Community Providers there **is** limited concern regarding solvency. Typically Essential Community Providers are government supported or well established nonprofit organizations which will not be negatively affected by a global reimbursement rate.

Contracting Payment Policies. Providers who are eligible to be involved in this project must be Medicaid-certified and meet current requirements. Medicaid will continue to determine Medicaid certification. CDPHE WHS will certify that an agency or provider can provide the

family planning benefit described in this waiver. Claims payment will be issued from the CDHCPF Medicaid MMIS.

Program guidelines and CDPHE and CDHCPF will develop requirements based upon approved program rules before the implementation of the waiver project. Service guidelines will outline program expectations, list and provide tools related to data requirements, and provide information about training and technical assistance. Training and quality assurance procedures will assure that program requirements are being met.

The global reimbursement rate will be evaluated and adjusted annually based on Medicaid accepted rules to ensure access to care. Consistent reimbursement rates will be provided regardless of the delivery model. The State will monitor the timeliness of payments and other service delivery data via weekly MMIS reports.

After the client's eligibility is determined, the client will be identified as a Family Planning Waiver client. The claim will be edited and processed accordingly in MMIS. **A** strict set of service codes will be available for these clients. Edits will be set to ensure denial of claims for non covered services. Edits will be posted to any other services billed for the waiver client outside the defined lists. Current and prior year General Ledger codes will be set up for these clients and services. **A** separate client reporting category will also be added to the HCFA-64 report that identifies client waiver categories. MMIS edits will be implemented to ensure that only services covered under the family planning only category will be paid for clients of that coverage group. The State will limit the amount of data gathered from providers, but will ensure there is sufficient information to do data analysis and quality assurance.

O. Access

Capacity. The purpose of the waiver is to increase statewide access to family planning and reproductive health benefits for low-income individuals. The outcome will be enhanced access for the targeted population. The expanded benefit would allow Medicaid to serve an estimated 35,601 women with incomes at or below 150% of poverty in year one. It is estimated that a total of 139,541 people with incomes at 150% or less of the poverty level would be eligible for the new benefit. Of that number, about 32,952 people with incomes at 150% or less of the poverty level are already receiving family planning services through Title X, Medicaid, or other programs. An estimated 2,649 clients who are not currently receiving family planning services will be able to access this benefit in the first year which would increase to 4,217 in the last year of the project. Federal Title X family planning funding will then be used to serve clients who are not eligible for the waiver benefit, provide subsidized services for women with incomes up to 250% of the federal poverty level, strengthen infrastructures, and engage in outreach efforts. Other Essential Community Providers would be able to serve additional individuals in need of services if the waiver is approved.

P. Emergency Policy

All clinics associated with the waiver will be required to have emergency procedures in place outside clinic hours. Clients will be directed to a provider on-call or to the hospital emergency room. These instructions will be posted on the front door, given in writing, and recorded on answering machines at all provider sites.

Q. Marketing

The Departments both have experience in implementing outreach campaigns. **A** marketing plan will be developed by CDHCPF and CDPHE that will outline strategies to be used in informing the target audience of the new benefit. The project will use a social marketing campaign at the state and local level. Assistance will be sought from other states engaging in social marketing campaigns as part of their family planning Medicaid waivers.

Two target audiences will be defined, the provider and the client. Providers will be actively involved in the development of the marketing plan. Qualitative techniques will be used to assist in the development of client and professional materials. Media channels will include radio, print, and possibly television. The Maternal and Child Health statewide information and referral telephone hotline will be used to assist consumers in accessing the benefit. Brochures and other appropriate handouts will be developed which will take into account literacy and culture. Spanish and English language materials will be designed. Strategies will be developed for effective outreach to residents who speak other languages. The State will partner with a variety of other private and public agencies to inform professionals, providers, and clients about the new benefit.

R. Outreach and Enrollment

The marketing and outreach plan will identify responsibility for program outreach and enrollment. Forms, procedures, and materials will be kept simple. Marketing and enrollment materials will be made in English and Spanish. Materials will be developed at a seventh grade reading level. The application and determination will occur during the initial visit with the provider. Enrolled clients will be informed verbally and in writing about their benefit and responsibilities under the waiver project during enrollment.

S. Quality

Eligibility. The Medicaid reporting system will be adapted to ensure that client information will be captured in the eligibility system and that the data is transferred to the MMIS system.

Services. Guidelines for the program will be clearly articulated to waiver providers. Training and technical assistance will be given to all providers at enrollment in the project and on an ongoing basis. Professional standards will be consistent with the State Medicaid requirements. Services provided will be consistent with Title X and the American College of Obstetricians and Gynecologists guidelines and standards. Additionally, a monitoring system will be used to assure adherence to program administrative and clinical guidelines.

CDPHE WHS is currently involved in a Region VIII project to develop quality indicators and outcome measures for family planning programs. A comprehensive set of quality measures is being developed specific for Title X clinics to capture structural, process, and outcome data.

The data will be available from medical charts, administrative records, and surveys. The measurement set will focus on several areas including administrative and clinical quality; access and patient satisfaction; use and retention; and finance/cost effectiveness. The outcome of this grant would be a set of quality assessment measures tailored to family planning programs. The results from the Title X Regional Project will be incorporated into this waiver project.

An appeals procedure consistent with current Medicaid procedures will be included in the waiver project.

T. Finance/Budget Neutrality

Detailed analyses (Appendix D) indicate that the Family Planning Medicaid Expansion Project will not only be budget neutral, it will yield substantial savings of **$1.78** for every dollar spent. It will also allow many couples, who are at risk for an unintended pregnancy, access to free or low cost comprehensive family planning services.

Key Assumptions

- **A** large percentage of waiver participants will be drawn from the population that currently receives services from CDPHE WHS Family Planning clinics and community health centers (CHCs).

- Non-clinic users are more likely to have unintended Medicaid births than are current clinic users.

- The primary Medicaid savings will come from recruiting into the waiver program, women and men who are **not** current users of family planning clinics.

Although the women and men who are not current users at clinics are the primary source of Medicaid cost-savings, it is important to emphasize the public health benefits of enrolling current CDPHE WHS Family Planning Program clients into the project. The CDPHE WHS Family

Planning Program currently offers subsidized services up to 200% of the federal poverty level (FPL). Under the proposed waiver, women and men with incomes less than 150% of FPL will now become eligible for family planning through Medicaid. As a result, the CDPHE WHS Family Planning Program could increase the level of subsidized services to 250% of the FPL. This would allow additional women and men access to subsidized family planning services.

Family Planning waiver participants will be drawn from three main groups: current users of CDPHE WHS Family Planning Program clinics; current users of CHC clinics; and nonusers of either CDPHE WHS Family Planning Program or CHC clinics. Based on updated 1998 AGI estimates, there will be a total of 139,541 women at less than 150% of the FPL in need of family planning services in the year 2001, a number which grows to 144,026 in 2005. In 2001, CDPHE WHS Family Planning Program clinics will serve an estimated 30,000 women (and men) with incomes less than 150% of poverty. Another 44,000 women will receive services through CHCs. Since there will be 139,541 women in need of subsidized family planning services in 2001, an additional 65,541 women are not expected to be served by either type of clinic but will be in need of family planning services. Budget neutrality estimates for these three groups are derived from the base figures cited above, adjusted to account for Colorado's projected population growth between 1998 and 2005. The total number of Colorado women between 15 and 44 is projected to grow from 922,857 in 1998 to 979,057 in 2005, an increase of over 56,000 in seven years.

Family planning waiver enrollment is expected to vary by group. Because the CDPHE WHS Family Planning Program clinics and CHCs will initially serve as the backbone of the waiver provider network, a large percentage of their current client base is expected to qualify for participation under the waiver. Waiver enrollment from current CDPHE WHS Family Planning Program clinic users is forecast at 70% in the first year and is expected to increase incrementally over the waiver period to 82% by year four. Waiver enrollment from the CHCs is forecast at 27% to 28%. Twenty-seven percent is equal to the rate at which women in their clinics receive family planning services, with a slight increase to 28% projected for year three. Waiver enrollment of people who do not currently use clinics will require significant outreach efforts to reach these potential clients. Enrollment is therefore projected to occur at a slower rate than among established patients.

Births Averted. In 1998, Medicaid births numbered 18,281. Of these, almost 60% (10,860) were mistimed or unwanted (1997 PRAMS data specific to Medicaid births). Using projected estimates of births from the CDPHE's Family and Community Health Services Division, we calculate that a total of 11,865 women will have unintended Medicaid births in 2001, in the absence of the waiver program.

Of the three aforementioned family planning waiver participant categories (CDPHE WHS Family Planning Program, CHC, and non-clinic user), an estimated **70%** of the current unintended Medicaid births are assumed to come from the "non-CDPHE WHS Family Planning Program or CHC user" category. We assume that the nonuser group will continue to have a substantially higher fertility rate than those who currently receive family planning services. The

remaining 30% of unintended Medicaid births will be derived from the group of women already receiving services.

The budget neutrality calculation assumes that Medicaid savings come only from those women and men who enroll from the current "non-user" group. It is assumed that current CDPHE WHS Family Planning Program and CHC users already use family planning services and their utilization patterns (and therefore their fertility rates) will not change significantly because the source of the family planning funding changes from CDPHE WHS Family Planning Program/CHC funding to Medicaid. The neutrality estimate is conservative because Medicaid family planning services are free and CDPHE WHS Family Planning Program/CHC services operate on a sliding-fee scale.

Cost per Client. For Medicaid FY 2001, will reimburse family planning clinics $166 for a bundled service that consists of an annual exam, STD screening, and provision of a contraceptive method. This is the total cost per enrolled client. Under the waiver, providers will also be permitted to provide certain additional fee-for-service benefits billed in addition to the global reimbursement to women including Norplant, IUDs, and Depo-Provera. The cost per family planning client associated with these services is estimated at $46, based on an analysis of both family planning clinic and Ob/Gyn fee for service (FFS) claims. Adding these two figures results in a total cost per enrolled woman of $212.

Sterilization costs are estimated at $72 per patient, based on an analysis of fee-for-service (FFS) claims of non-pregnant women on Medicaid, and on vasectomy claims for men. We assumed that out of 100 potential clients requesting sterilization, 95 would be women and 5 would be men. Out of the 95 women, we projected that 91 would have an outpatient procedure, and 4 would have inpatient sterilization. We took the average cost of an outpatient tubal ligation ($1,386) and multiplied that by 91%; the average cost of an inpatient tubal ligation ($3,957) and multiplied that by **4%;** and the average cost of a vasectomy ($263) and multiplied that by 5%. The resulting average was $1,433 per client receiving sterilization. Next, we assumed that 5% of the total projected Medicaid enrollment would access the sterilization benefit each year, which yielded an average cost of $72 per client. Because we have no utilization data on the baseline level of sterilization demand, sterilizations will be capped at 5% of the projected Medicaid enrollment in the event that demand exceeds resources.

The total per patient estimate for all forms of contraception therefore equals $284: the sum of $166 for the bundled service, $46 for additional fee-for-service benefits (Norplant, etc.), **and** $72 for fee-for-service sterilizations, tubal ligations, and vasectomies.

Savings. The target population for the family-planning waiver is women and men at or below 150% of the federal poverty level. Although the eligibility income ceiling for Baby Care/Kids Care in Colorado is 133% of FPL, all women participating in the family planning waiver would qualify for Medicaid if they became pregnant. A woman's family size increases when she becomes pregnant and the FPL is calculated on both income and family size.

Cost-savings for averted births are calculated to include prenatal care, delivery and first-year newborn costs. Medicaid HMOs in Colorado are reimbursed a lump sum delivery rate that is intended to cover both prenatal care and delivery expenses. The delivery rate for FYOO is $4,293.17, which represents 95% of the estimated FFS expenses ($4,519). Pregnant women on Medicaid are represented in both HMOs and FFS groups. A prenatal/delivery estimate of $4,300 was chosen a more conservative reimbursement estimate that is closer to the HMO figure.
Medicaid HMOs in Colorado also receive a special per member, per month (PMPM) rate for children under age one. For FYOO, the PMPM is $290.34, which represents 95% of the estimated FFS expenses ($305.63). Children on Medicaid are represented in both HMOs and FFS programs. A conservative first-year newborn cost figure of $290 PMPM is used that is closer to the HMO figure, which equates to $3,500 annually. Therefore, it is estimated that the total cost-savings are $7,800 for each averted birth, the sum of $4,300 for prenatal care and delivery plus $3,500 for infant care.

Allowed inflationary costs of 0.5% per year are added to the per birth averted cost, yielding slight increases each year. For 2001, the current cost of $7,800 is used, and the figure rises to $7,957 in 2005.

Total Savings. In 2001, an estimated 35,601 women would be enrolled through the Medicaid waiver program. At an estimated per patient cost of $284, contraceptive expenses would total $10,110,733. With the enrollment of many previously uncovered women, an additional 1,730 Medicaid-eligible births would be averted, calculated to yield a savings to Medicaid of $13,561,470 in the first year.

In 2002, 37,720 women would be served with full contraceptive services at a cost of $10,712,473. The number of women increases each year as targeted marketing brings the group of previously unserved women who are likely to have an unintended Medicaid birth into the waiver program. An additional 2,127 births would be averted in 2003, yielding a savings to Medicaid of $16,756,921. With each year of the demonstration project, a greater number of targeted women are served, and savings increase as more births are averted.

Over the five-year demonstration project, a total of $55,308,067 is spent on contraceptive services, including sterilization. As a result, $98,204,093 in costs associated with births is saved because an additional 12,386 women do not become pregnant and access Medicaid reimbursed; prenatal and delivery services, and infant health care. The net savings equal $42,896,026, when only costs in the first year of life are included. The five-year cost benefit ratio yields a $1.78 savings for every $1.00 spent.

U. System Support

Claims and reporting for the waiver will be managed in the Medicaid MMIS and COIN systems. The following changes will be made: Client Eligibility will be determined by the provider and captured in the COIN system. This information will be passed to the MMIS in the regular COIN

to MMIS Interface. The eligibility interface and the client reconciliation process will need to be modified for acceptance/editing and reconciliation of the new data values for these clients. New edits and/or modifications to existing edits will be needed.

- **Provider Enrollment.** This will have essentially no changes since only Medicaid Eligible providers can be included in the waiver project. Participation will follow general provider enrollment guidelines.

- **Reference.** Capture of procedure/provider rates and maintenance of the global codes for the services is available within the current subsystem functionality. If restrictions on the services are required, list parameters or service limitations should accommodate the business requirements.

- **Claims Processing.** The claims processing subsystem will identify the waiver client by specific indicators on the client's eligibility span which is passed to MMIS which will ensure accurate processing of payments for approved services. There will be a strict set of service codes available for the waiver clients. Edits will be posted to any other services billed for waiver clients outside the defined list. Separate current and prior year General Ledger codes will be required and set up for these clients and services. The codes will be added to appropriate files, the determination matrix, the financial transaction windows, and the claims financial reports.

- **MAR Reporting. A** separate client reporting category will need to be included in those MAR reports that break out the clients' waiver categories. The new General Ledger codes will need to be included in the reports broken out by appropriate category. The new client categories will need to be recognized and accommodated in the recipient category reporting, MMIS, and the Federal MARS reports. An interface to the CDPHE will be required to transfer summary expenditure and service data.

V. Implementation/Timeframes

Task	Lead Agency	Time Frame After Receiving Notification of Waiver Approval
Medicaid rule change completed	CDHCPF	Four to six months
COIN and MMIS data system changes	CDHCPF	Six months
Development of final budget and of Memorandum of Understanding	CDPHE	Three months
Project guideline development (manuals, forms, etc.)	CDPHE	Four to six months

Task	Lead Agency	Time Frame After Receiving Notification of Waiver Approval
Quality Assurance program developed	CDPHE	Four to six months
Evaluation plan	CDPHE	Three to six months
Develop outreach /marketing plan	CDPHE	Six months
Provider training and enrollment	CDPHE	Six to seven months
Implement benefit and begin project	Joint	Seven months
Implement project for all Medicaid eligible providers	Joint	Twelve months (must occur after initiation of CBMS eligibility system)
Completion of Demonstration Project	Joint	Five years and six months
Final evaluation of project	Joint	Six years

W. Evaluation/Reporting

The waiver will be evaluated on a regular basis to determine the project's effectiveness. The two Departments, prior to project implementation, will finalize an evaluation plan. **A** number of measures have been identified to determine the effectiveness of the waiver model. The evaluation plan will contain objectives, activities, and timeframes. Baseline data will be determined in the first year of the project. Data will be evaluated on a regular basis and adjustments will be made as needed.

The following are the measurements to be used in the evaluation plan:

Measurement 1: Increase the number of individuals with incomes less than 150% of the federal poverty level who receive publicly subsidized family planning services.
Data Source: CDPHE WHS and CDHCPF Medicaid records
Measurement 2: Increase the number of individuals with incomes less than 150% of the federal poverty level who select highly effective contraceptive methods.
Data Source: CDPHE WHS and CDHCPF Medicaid records
Measurement 3: Reduce the adolescent birth rate among 15-17 year olds statewide.

Data Source: CDPHE birth certificate data
Measurement 4: Reduce the unintended pregnancy rate among Colorado women whose prenatal care is covered by Medicaid.
Data Source: Colorado Prenatal Risk Assessment Monitoring System (PRAMS), CDPHE
Measurement 5: Increase the number of unintended pregnancies averted resulting from increased access and use of reliable contraception.
Data Source: Pregnancies Averted Methodology, CDPHE
Measurement 6: Increase the inter-birth spacing to more than eighteen months among women whose deliveries were paid for by Medicaid.
Data Source: CDPHE birth certificate data analysis, PRAMS, and CDHCPF Medicaid records
Measurement 7: Decrease the rate of second births to adolescents whose previous births were covered by Medicaid.
Data Source: CDPHE birth certificate data analysis, PRAMS, and CDHCPF Medicaid records
Measurement 8: Ensure patient satisfaction with the services received through the project.
Data Source: Patient satisfaction survey, CDPHE
Measurement 9: Ensure provider satisfaction with the waiver project.
Data Source: Provider satisfaction survey, CDPHE

X. Waivers

Waivers are requested for:
Section 1902(a)(10)(A): Comparability To allow a specified target population to receive the specific benefits under the program.

Section 1902(a)(10)(B): Amount, duration, and scope Allows the state to restrict the services available in this program to something less than the full Medicaid benefit package.

Section 1902(a)(17): Eligibility To allow separate financial eligibility requirements for clients in this program.

Section 1902(a)(L)(1): Eligibility To allow the state to define the program target population at 150% of the poverty level for persons needing family planning services and to allow continuation of eligibility for two years for Medicaid eligible mothers after giving birth.

Section 19052(a): Benefits To allow the state to provide a specific service package, less than the mandatory Medicaid services, to the program population.

Y. Conclusion:

The State of Colorado Medicaid Program has a successful history of innovative approaches to delivering necessary health care services to vulnerable populations while conservatively using state and federal dollars. To this end, one of the most effective ways to improve the health of women and children is to increase the percentage of births that are planned. The expected outcomes of the Colorado Family Planning Medicaid Expansion Project will be improved health and well being of Colorado babies and families. Additionally, the Project will yield substantial saving of **$1.78** for every dollar spent. We look forward to the federal government's authorization and support of this important project.

Appendix A

December 10, 1999

Jim Rizzuto
Director of the Colorado Dept. Of Health Care Policy & Financing
1575 Sherman Street
Denver, Colorado 80203-1714

Dear Mr. Rizzuto,

As the current president of the Colorado Gynecologic and Obstetrical Society, I am writing to ask your support for the Colorado Family Planning Medicaid Expansion Project. This project will allow the state of Colorado to use funds supplied by the federal government for family planning. This should help decrease the number of unplanned births, and to help increase the health of babies and women. It should also save the State of Colorado funds, as it should decrease the number of pre-term and low birth weight babies. We are in whole hearted support of this project, and ask for your support as well. Please feel free to contact me if you have further questions, or if I can be of further assistance.

Sincerely,

P. Kimbrough MD

Pamela L. Kimbrough, M.D.
President, Colorado Gynecological & Obstetrical Society

PLK/nb

COLORADO • COMMUNITY HEALTH • NETWORK

MAKING A DIFFERENCE!

December 1, 1999

Helene Kent
Colorado Department of Public Health and Environment
Women's Health Section
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Dear Helene:

It is with great enthusiasm that the Colorado Community Health Network (CCHN) submits this letter of support for the Family Planning Medicaid Expansion Project. As the state primary care association, CCHN is intimately involved in assuring that medically underserved populations have access to primary and preventive health care, including family planning services. CCHN represents the community, migrant, and homeless health centers (CHCs) in Colorado. Last year the 86 CHC sites in Colorado provided care to over 260,000 people, the majority of whom had no insurance.

The waiver you and the Department of Health Care Policy and Financing (HCPF) are submitting will ensure that almost 140,000 low-income Coloradans have access to needed family planning services. As clinics with large Medicaid populations, CHCs are an integral part of the new project. The inclusion of CHCs among those providers able to give family planning services will greatly increase the access that the project gives to underserved Coloradans.

CCHN looks forward to continuing to work with your agency and HCPF on The Family Planning for All Coalition and to implementing the Family Planning Medicaid Expansion Project.

Please let me know if there's anything CCHN can do to help with the waiver approval process.

Sincerely,

Annette Kowal /ee

Annette Kowal
Executive Director

800 Grant St., Suite 505 • Denver, Colorado 80203 • (303) 861-5165 • Fax (303) 861-5315

Planned Parenthood@
of the Rocky Mountains

The mission of Planned Parenthood of the Rocky Mountains is to improve the quality of life by enabling all people voluntarily to exercise individual choice in their own fertility and reproductive health.

5 December 1999

Helene Kent, M.P.H., R.D.
Director, Women's Health Section
Family and Community Health Services Division
Colorado Department of Public Health and Environment
FCHSD-WHS-A4
4300 Cherry Creek Drive South
Denver, Colorado 80222-1530

Dear Helene,

I write to strongly support the Family Planning Medicaid Expansion Project and the request for Medicaid waiver to make the project possible.

This is without question an important and desirable project. I hear from colleagues in other states that they are able to provide family planning services to many more women and men. It makes good economic and public health sense to leverage state money to bring federal dollars directly to a targeted population within the state. By limiting the services to comprehensive family planning, the outcome will be saved dollars without taking on costs associated with wider medical services.

This project will reduce unintended pregnancies throughout the state, including among teenagers, and will then reduce overall social and medical costs to the state. Because this project will provide basic health care screening and sexually transmitted infection diagnosis and treatment and will reduce maternal and infant morbidity and mortality, Colorado *can* come closer to reaching vital public health goals.

Planned Parenthood of the Rocky Mountains is ready to participate in this project which truly will bring *services* to a group in need. My only reservation is that the request is to cover Coloradans with family incomes below 150% of poverty. I wish it could be for those under 185%.

Sincerely,

Sylvia M. Clark

Sylvia M. Clark, RNC, CNM, MPA
President and CEO

950 Broadway. Denver. Colorado 80203-2706 • 303-321-PLAN • FAX 303-861-0268 • Clinic Appointment 1-800-230-PLAN • Facts of Life Line 303-832-5995

Appendix B

An Act

HOUSE BILL **99-1373**

BY REPRESENTATIVES Tool, Saliman, **Bacon, Chavez, Gagliardi, George, Grossman,** Kaufman, **Larson, Leyba, Mace, Spence, Tochtrop,** Veiga, and Zimmerman;
also SENATORS Lacy, Tanner, Feeley, Hernandez, Linkhart, **Pascoe, Rupert,** and Weddig.

CONCERNING A FAMILY PLANNING PILOT PROGRAM FOR **LOW-MCOME** INDIVIDUALS.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. 26-4-103, **Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SUBSECTION to read:**

26-4-103. Definitions. As used in this article, unless **the context otherwise requires:**

(13.3) "PILOT **PROGRAM", AS** USED **IN** SECTION **26-4-414.7,** MEANS THE FAMILY PLANNING PILOT PROGRAM ESTABLISHED IN SECTION 26-4-414.7, WHICH IS CARRIED OUT BY ALL MEDICAID PROVIDERS WHO **PROVIDE** FAMILY PLANNING SERVICES ***AND*** WHICH SHALL BE REPEALED, EFFECTIVE JULY 1 FIVE YEARS AFTER THE ISSUANCE OF THE FEDERAL WAIVER OR JULY 1 IN THE YEAR **IN WHICH** THE **WAIVER** IS TERMINATED, WHICHEVER OCCURS FIRST.

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

SECTION 2. Part 4 of article 4 of title 26, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SECTION to read:

26-4-414.7. Family planning pilot program - rules - federal waiver - repeal. (1) THERE IS HEREBY ESTABLISHED A FAMILY PLANNING PILOT PROGRAM FOR THE PROVISION OF FAMILY PLANNING SERVICES TO CATEGORICALLY ELIGIBLE INDIVIDUALS WHO ARE AT OR BELOW ONE HUNDRED FIFTY PERCENT OF THE FEDERAL POVERTY LEVEL. THE MEDICAL SERVICES BOARD SHALL PROMULGATE RULES SETTING FORTH THE FAMILY PLANNING SERVICES TO BE PROVIDED UNDER THE FAMILY PLANNING PILOT PROGRAM.

(2) THE EXECUTIVE DIRECTOR OF THE STATE DEPARTMENT, IN CONSULTATION WITH THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, SHALL SEEK A FEDERAL WAIVER THAT IS COST-NEUTRAL TO THE STATE GENERAL FUND FOR THE IMPLEMENTATION OF THE FAMILY PLANNING PILOT PROGRAM ESTABLISHED PURSUANT TO THIS SECTION SUCH THAT TEN PERCENT OF THE FAMILY PLANNING SERVICES PROVIDED TO LOW-INCOME FAMILIES PURSUANT TO THE PROGRAM AS DESCRIBED IN SUBSECTION (1) OF THIS SECTION WOULD BE FUNDED WITH STATE GENERAL FUND MONEYS AND NINETY PERCENT WOULD BE FUNDED WITH FEDERAL MATCHING FUNDS.

(3) (a) UPON ISSUANCE OF THE FEDERAL WAIVER SOUGHT PURSUANT TO SUBSECTION (2) OF THIS SECTION, THE DEPARTMENTS OF HEALTH CARE POLICY AND FINANCING AND PUBLIC HEALTH AND ENVIRONMENT SHALL SEEK THE NECESSARY APPROPRIATION OF GENERAL FUNDS THROUGH THE NORMAL BUDGETARY PROCESS FOR THE IMPLEMENTATION OF THIS ACT.

(b) THE EXECUTIVE DIRECTOR OF THE STATE DEPARTMENT IS AUTHORIZED TO ACCEPT AND EXPEND ON BEHALF OF THE STATE ANY FUNDS, GRANTS, GIFTS, AND DONATIONS FROM ANY PRIVATE OR PUBLIC SOURCE FOR THE PURPOSE OF IMPLEMENTING THE FAMILY PLANNING PILOT PROGRAM ESTABLISHED IN THIS SECTION; EXCEPT THAT NO GIFT, GRANT, DONATION, OR FUNDS SHALL BE ACCEPTED IF THE CONDITIONS ATTACHED THERETO REQUIRE THE EXPENDITURE THEREOF IN A MANNER CONTRARY TO LAW.

(4) THE EXECUTIVE DIRECTOR OF THE STATE DEPARTMENT, OR SUCH EXECUTIVE DIRECTOR'S DESIGNEE, SHALL PREPARE A WRITTEN REPORT FOR THE MEMBERS OF THE GENERAL ASSEMBLY CONCERNING THE FINDINGS OF THE DEPARTMENT BASED UPON THE FAMILY PLANNING PLOT PROGRAM. SUCH REPORT SHALL BE PROVIDED TO THE MEMBERS OF THE GENERAL ASSEMBLY NOT MORE THAN THREE YEARS AFTER COMMENCEMENT OF THE

PROGRAM. THE REPORT SHALL ADDRESS THE NUMBER OF INDIVIDUALS SERVED, THE TYPE OF SERVICES PROVIDED, THE COST OF THE PROGRAM, AND SUCH OTHER INFORMATION AS THE EXECUTIVE DIRECTOR DEEMS APPROPRIATE.

(5) THE IMPLEMENTATION OF THIS SECTION IS CONDITIONED UPON THE ISSUANCE OF ANY NECESSARY WAIVER BY THE FEDERAL GOVERNMENT AND AVAILABLE APPROPRIATIONS PURSUANT TO PARAGRAPH (a) OF SUBSECTION (3) OF THIS SECTION. THE PROVISIONS OF THIS SECTION SHALL BE IMPLEMENTED TO THE EXTENT AUTHORIZED BY FEDERAL WAIVER. THE PILOT PROGRAM ESTABLISHED BY THIS SECTION SHALL CONTINUE FOR FIVE YEARS FROM THE RECEIPT OF THE FEDERAL WAIVER OR FOR SO LONG AS SPECIFIED IN THE FEDERAL WAIVER. THE EXECUTIVE DIRECTOR OF THE STATE DEPARTMENT SHALL PROVIDE WRITTEN NOTICE TO THE REVISOR OF STATUTES OF THE FINAL TERMINATION DATE OF THE WAIVER, AND THIS SECTION SHALL BE REPEALED, EFFECTIVE JULY 1 FIVE YEARS AFTER THE ISSUANCE OF THE FEDERAL WAIVER OR JULY 1 IN THE YEAR IN WHICH THE WAIVER IS TERMINATED, WHICHEVER OCCURS FIRST.

SECTION 3. Effective date. This act shall take effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly that is allowed for submitting a referendum petition pursuant to article V, section 1 (3) of the state constitution; except that, if a referendum petition is filed against this act or an item, section, or part of this act within such period, then the act, item,

section, or **part,** if approved **by** the people, shall take effect on the date of the official declaration of the vote thereon by proclamation of the governor.

Russell George
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Ray Powers
PRESIDENT OF
THE SENATE

Judith M. Rodrigue
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

Patricia K. Dicks
SECRETARY OF
THE SENATE

APPROVED June 3, 1999 at 11:45 P.M.

Bill Owens
GOVERNOR OF THE STATE OF COLORADO

Appendix C

Our **mission is** to
improve access to health **care** services.

Department of Health Care Policy and Financing

- Colorado Health Issues
- Frequent Questions

Essential Community Providers (ECP) Listing
Updated on July 72, 7999

1. Disproportionate Share Hospitals

The Children's Hospital **1056** East 19th Avenue Denver, **CO 80218**	Cleo Wallace Centers 2 locations **8405** Church Ranch Blvd Westminster, CO **80021** **430 Gold Pass** Heights Colorado Springs, Co **80906**
Denver Health Hospital Authority (Denver Health Medical Center and 11 FQHC Health Centers) 777 Bannock Street Denver, CO **80204**	National Jewish Center 1400 Jackson Street Denver, CO **80206**
Parkview Medical Center 400 West 16th Street Pueblo, CO 81003	Platte Valley Medical Center 1850 East Egbert Street Brighton, CO 80601
San Luis Valley Regional Medical Center 106 Blanca Avenue Alamosa, CO 81101	University Hospital 4200 E. 9th Avenue Denver, CO 80262

2. Local County and District Health Departments, County Nursing Services and Regional Health Departments
**these agencies also provide family planning services

ALAMOSA CO. PH NURSING SERVICE 403 Santa Fe Alamosa 81101- 2860	BACA CO. PH NURSING SERVICE 700 Colorado Street Springfield 81073
BENT CO. PH NURSING SERVICE 701 Park Avenue Las Animas 81054	CHAFFEE CO. PH NURSING SERVICE 209 East 3rd Street Salida 81201
CHEYENNE CO. PH NURSING SERVICE P.O. Box 38 Cheyenne Wells 80810-0038 615 N. Fifth West	CLEAR CREEK CO. PH NURSING SERVICE P.O. Box 2000, Courthouse, Georgetown 80444 6th & Argentine

CONEJOS CO. PH NURSING SERVICE P.O. Box 78, La Jara 81140 19023 State Highway 285 So	COSTILLA CO. PH NURSING SERVICE P.O. Box 99, 125 Main St. San Luis 81152-0302
CROWLEY CO. PH NURSING SERVICE (Otero County HD) Courthouse Annex Ordway 81063	P.O. Box 120 Westcliffe 81252 5th & Rosita c/o Custer Cty. Med. EL PASO COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT** 301 S. Union Blvd. Colorado Springs 80910
DOLORES CO. PH NURSING SERVICE Dolores County Courthouse P.O. Box 368 Dove Creek 81324	EAGLE CO. PH NURSING SERVICE P.O. Box 660 Eagle 81631 500 Broadway
ELBERT CO. PH NURSING SERVICE** P.O. Box 201 215 Comanche Kiowa Co Ph Nursing Service	FREMONT CO. PH NURSING SERVICE 172 Justice Center Rd Canon City 81212-9354 El Paso County Department Of Health & Environment 301 S. Union Blvd Colorado Springs 80910
GARFIELD CO. PH NURSING SERVICE 902 Taughenbaugh Blvd., Suite 104 Rifle 81650	GILPIN CO. PH NURSING SERVICE 2960 Dory Hill Rd, Ste 120 Golden 80403
GRAND COUNTY PUBLIC HEALTH & NURSING SERVICE 613 First St. P.O. Box 264 Hot Sulphur Springs 80451	GUNNISON CO. PH NURSING SERVICE** 321 C North Main St. Gunnison 81230-2333
JACKSON CO. PH NURSING SERVICE P.O. Box 355 Walden 80480 FAX 970/723-8447 312 5th Street	KIOWA CO. PH NURSING SERVICE P.O. Box 414 Eads 81036
KIT CARSON CO. PH NURSING SERVICE** 252 S. 14th Street) P.O. Box 70 Burlington 80807-0070	LAKE CO. PH NURSING SERVICE** P.O. Box 626, Courthouse Leadville 80461 719/486-0118 112 W. 5th St.
LINCOLN CO. PH NURSING SERVICE P.O. Box 125 Hugo 80821-0125 326 - 8th St	MINERAL CO. PH NURSING SERVICE P.O. Box 425 Creede 81130-0330 802 Rio Grande Ave
MOFFAT CO. PH NURSING SERVICE** (Northwest Colorado VNA)** 745 Russell Street Craig 81625	MONTEZUMA CO. PH NURSING SERVICE County Annex Building 106 West North Street Cortez 81321-3189 970/565-3056

MONTROSE CO. PH NURSING SERVICE* (EAST OFFICE - MAIN OFFICE) P.O. Box 1289 Montrose 81402	OURAY CO. PH NURSING SERVICE Bin-C, Courthouse Ouray 81427-0615 302 Second St.
P.O. 933 Bailey 80421	PARK CO. PH NURSING SERVICE P.O. 1465 Fairplay 80440
PITKIN COUNTY COMMUNITY HEALTH SERVICES, INC.** 0405 Castle Creek Rd., Suite 6 Aspen 81611	PROWERS CO. PH NURSING SERVICE 1001 South Main Street Lamar 81052-3838
RIO BLANCO CO. PH NURSING SERVICE NURSING SERVICE** 209 East Main, #103 Rangely 81648	RIO GRANDE CO. PH NURSING SERVICE 925 Sixth Del Norte 81132
ROUTT CO. PH NURSING SERVICE** (Northwest Colorado VNA) P.O. Box 770417 Steamboat Springs 80477	SAGUACHE CO. PH P.O. Box 336 Center 81125 FAX 719/754-2392 220 South Worth
SAN JUAN CO. PH NURSING** P.O. Box 619 Silverton 81433-0619 970-387-0242	SAN MIGUEL CO. PH ** P.O. Box 949, Courthouse, 333 W. Colorado Ave Telluride, CO. 81435-0949
SUMMIT CO. PH NURSING ** P.O. Box 2280 Frisco 80443 FAX 970/668-4115 37 County Road 1005	TELLER COUNTY PUBLIC HEALTH ** P.O. Box 5079 540 Manor Ct., Woodland Park Woodland, CO 80863-5079
Colorado Public Health Nursing Departments	
BOULDER COUNTY HEALTH DEPARTMENT 3450 Broadway Boulder 80304	DELTA COUNTY HEALTH DEPARTMENT** 255 West 6th Delta 81416
DENVER DEPARTMENT OF HEALTH & HOSPITALS 660 Bannock, MC1914 Denver 80204-4507	JEFFERSON COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT ** 1801 19th Street Golden 80401
LARIMER COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT** 1525 Blue Spruce Drive Ft. Collins 80524	LAS ANIMAS-HUERFANO COUNTIES DISTRICT HEALTH DEPARTMENT 412 Benedicta Avenue Trinidad 81082
MESA COUNTY HEALTH DEPARTMENT**	NORTHEAST COLORADO HEALTH DEPARTMENT**

OTERO COUNTY HEALTH DEPARTMENT 13 West 3rd Street, Courthouse, Room 111 La Junta 81050	PUEBLO CITY-COUNTY HEALTH DEPARTMENT** 151 Central Main Street Pueblo 81003
SAN JUAN BASIN HEALTH DEPARTMENT** 281 Sawyer Drive Durango 81302 970-247-5702	TRI-COUNTY HEALTH DEPARTMENT** 7000 E. Belleview, Suite 301 Englewood 80111-1628
WELD COUNTY HEALTH DEPARTMENT** 1517 16th Avenue Court Greeley 80631	
3. Federally Qualified Health Centers	
Clinica Campesina 1345 Plaza Court North Lafayette, CO 80026 (Locations in: Boulder & Adams)	Columbine Family Health Center P.O. Box 20 Black Hawk, CO 80422 (Locations in: Gilpin, & Boulder)
Community Health Centers 2840 International Circle Colorado Springs, CO 80910 (Locations in: El Paso (4), Park & Teller)	Dove Creek Community Health Clinic P.O. Box 576 Dove Creek, CO 81324 (Location: Dolores)
Farmworker Health Services of Colorado 4300 Cherry Creek Drive, South Denver, CO 80222 (Locations in: Delta, Garfield, Larimer, Mesa, & Montrose)	High Plains Community Health Center 301 Kendall Drive Lamar, CO 81052 (Location: Lamar (2))
Metro Denver Provider Network 15501 East 13th Avenue Aurora, CO 80011 (Locations in: Jefferson (3), Arapahoe (3), & Adams)	People's Clinic 3303 N. Broadway Boulder, CO 80304 (Location in: Boulder (2))
Plan de Salud Family Health Center 1115 Second Steet Fort Lupton, CO 80621 (Locations in: Admas (2), Larimer, Morgan, Boulder & Weld (2))	Pueblo Community Health Center 310 Colorado Avenue Pueblo, CO 81004 (Locations in: Pueblo (4))
Stout Street Clinic 2100 Broadway Denver, CO 80205 (Location: Denver)	Sunrise Community Health Center, Inc. 1028 5th Avenue Greeley, CO 80631 (Locations in: Larimer & Weld)
Uncompahgre Combined Clinics P.O. Box 535 Norwood, CO **81423** (Location: San Miguel)	Valley Wide Health Services 204 Carson Alamosa, CO 81101 (Locations in : Rio Granede (2), Alamosa(2) Otero(2), Costilla, Saguache (2), Conejos, & Bent)
4. School Based Health Centers	
	Commerce City Community Health

Centennial High School 330 E. Laurel St. Fort Collins, CO 80524 Effective: May 29, 1998	Services, Inc. 4675 East 69th Avenue Commerce City, CO 80022 Locations in: Adams County (5) Effective: April 17, 1998
Denver School-Based Health Centers Denver Health and Hospital Authority 660 Bannock St., Mail Code 1914 Denver, CO 90204 Locations in: Denver County (10) Effective: March 24, 1998	District 50 School-Based Health Center The Children's Hospital 1056 East 19th Avenue, Box 215 Denver, CO 80218 Locations in: Adams County (1) Effective: April 17, 1998
Lake-Cheltenham School Based Health Center Centura Health St. Anthony Hospitals 4231 West 16th Avenue Denver, CO 80204 Locations in: Denver County (2) Effective: April 21, 1998	Metropolitan Denver Provider Network 260 South Kipling Lakewood, CO 80226 Locations in: Jefferson County (2)
Pueblo SchoolBased Wellness Centers Parkview Medical Center 216 E. Orman Street Pueblo, CO 81004 Locations in: Pueblo County (3 and a mobile van) Effective: March 24, 1998	Rocky Mountain Youth Medical and Nursing Consultants, Inc. 1721 East 19th Ave., Suite 574 Denver, CO 80218 Locations in: Adams and Arapahoe Counties (mobile van) Effective: March 30, 1998 Southwest Open High School P.O. Box 1420 Cortez, CO 81321 Effective July 8, 1999
Sheridan Health Services The Children's Hospital 1056 East 19th Avenue, Box 215 Denver, CO 80218 Locations in: Arapahoe County (1) Effective: April 17, 1998	Valley-Wide Health Services, Inc., 204 Carson Ave. Alamosa, CO 81101 Locations in: Saguache & Alamosa Counties (2) Effective: June 1, 1998
5. Family Medicine Residency Training Programs	
A.F. Williams Family Medicine Center 5250 Leetsdale Drive, Suite 302 Denver, Colorado 80222-1452 Effective: 3/2/98 Rose Family Medical Center 2149 South Holly Street Denver. Co 80222	Colorado Springs Osteopathic Foundation & Family Medicine Center 15 West Cimarron PO Box 154 Colorado Springs, CO 80901 Effective: 3/2/98
St. Anthony Family Medicine 4231 West 16th Ave. Denver, CO 80204	SAGE 2005 Franklin St. Midtown 2, Suite 200 Denver, CO 80205 Effective: 3/2/98

St. Mary's Family Practice Residency 1160 Patterson RD. Grand Junction, CO 81506 Effective: 3/2/98	Southern Colorado Family Medicine Residency 1008 Minnequa Ave. Pueblo, Colorado 81004-3798 Effective: 3/2/98
Swedish Family Medicine Residency 191 E. Orchard Road, #200 Littleton, CO 80121 Effective: date: April 2, 1998	
6. Rural Health Clinics	
La Clinica, Inc. 24650 Hwy. 69 Gardner, CO 81040 Effective: November 11, 1998	
7. State Certified Title X Family Planning Agencies **Please refer to listing #2. local county and district health departments, county nursing services and regional health departments for additional agencies providing these services	
Boulder Valley Women's Health Center 2855 Valmont Rd. Boulder, CO 80301 Effective: June 3, 1998	Planned Parenthood of the Rocky Mountains, Inc. 950 Broadway Denver, CO 80203 Effective: May 29, 1998
8. Sole community providers	
Grand River Hospital District P. O. Box 912 Rifle, CO 81650 Effective: June 3, 1998	Gunnison Valley Hospital 214 East Denver Ave. Gunnison, CO 81230 Effective: June 3, 1998
Keefe Memorial Hospital and the Prairie View Clinic P.O. Box 578 Cheyenne Wells, CO Effective: June 26, 1998	Rangley District Hospital 511 South White Avenue Rangley, Colorado 81648 Effective: date 3/2/98
Two Rivers Pediatric Developmental Clinic 420 W. Home Ave. Silt, CO 81652 Effective: June 26, 1998	
10. Health Care Providers	
Adams Community Mental Health Center 8931 North Huron Thornton, CO 80221 Effective: April 17, 1998	Arapahoe Mental Health Center, Inc. 6801 South Yosemite Street, Suite 200 Englewood, CO 80112 Effective: April 17, 1998
Aurora Mental Health Center 14301 E. Hampden Ave. Aurora, CO 80014 Effective: April 17, 1998	Centennial Mental Health Center,Inc 211 West Main Street Sterling, Co 80751 Southeastern Colorado Family Guidance & Mental Health Centers, Inc. 711 Barnes La Junta, Co 81050

Centura Home Care 2420 West 26th Avenue Denver, CO 80211	Children's Advocacy and Family Resources, Inc. P.O. Box 24225 Denver, CO 80224 Effective: March19, 1998
Children's Developmental Eval Clinic P.O. Box 140, Durango, CO 81302 Effec date June 3, 1998	Colorado West Regional Mental Health, Inc. P.O. Box 40 Glenwood Springs, CO 81602 Effective: June 26, 1998
Health Start, Inc. – Children's Clinic 114 Bristlecone Dr. Fort Collins, CO 80524 Effective: October 22, 1998	Inner City Health Center 3405 Downing St. Denver, CO 80205-3972 Effective: May 29, 1998
Jefferson Center for Mental Health 5265 Vance Street Arvada, CO 80002 Effective: June 1, 1998	Kit Carson County Memorial Hospital 286 16th St.
Larimer County Mental Health Center P.O. Box 1190 Fort Collins, CO 80521 Effective: April 17, 1998	Littleton Health and Wellness Clinic Univ. of Colo. School of Nursing 14200 E. 9th Ave., Box C 288-05 Denver, CO 80262 Effective: April 17, 1998
Mental Health Center of Boulder County, Inc. 1333 Iris Ave. Boulder, CO 80304 Effec date June 3,1998 Midwestern Colorado Mental Health Center P.O. Box 1208 Montrose, CO 81401 Effective: May 29, 1998	MHCD 4141 East Dickenson PL Denver, CO 80203-1714 Effec date June 3, 1998
Monfort Children's Clinic 100 North 11th Avenue Greeley, CO 80631 Effective: April 17, 1998	North Range Behavioral Health 1306 11th Ave. Greeley, CO 80631 Effec date June 3, 1998
Pikes Peak Mental Health Center 220 Ruskin Dr. Colo. Springs, CO 80910 Effective: June 3, 1998	Rocky Mountain Nurses/Home Health Care 225 North 5th Street, Suite 215 Grand Junction, CO 81501 Effective: December 30, 1998
RVNA Home Care Services 2105 Clubhouse Dr. Greeley, CO 80634 Effective: March 30, 1998	San Luis Valley Comprehensive Community Mental Health Center 522 Alamosa Ave. Alamosa, CO 81101 Effective: May 29, 1998
Southwest Colorado Mental Health Center P.O. Box 1328 Durango, CO 81302 Effective: April 21, 1998	Spanish Peaks Mental Health Center 1304 Chinook Lane Pueblo, CO 81001 Effective: June 3, 1998

Sterling Regional Medical Center P.O. Box 3500 Sterling, CO 80751 Effective: February, 11, 1999	Upper Arkansas Developmental Eval Clinic 172 Justice Center Rd. Canon City, CO 81212 Effective: June 3, 1998
US Indian Health Service Southern Colorado Ute Service Unit P.O. Box 778 Ignacio, CO 81137 Effective: February 2, 1999	West Central Mental Health Center, Inc. 3225 Independence Rd. Canon City, CO 81212 Effective: June 3, 1998

Appendix D

Medicaid Family Planning Waiver
Estimated Enrollment and Costs: 2001

Category of Currently Medicaid Ineligible Women	(1) Number	(2) Predicted Medicaid Enrollment Percentage	(3)=(1) * (2) Resulting Medicaid Enrollment	(4)=(3) * $284 Cost of FP at $284.00 per client	(5)=(3) * 83.3% Number of Averted Births** (next year)	(6)=(5) from prev. year Number of Averted Births (last year)	(7)=(6) * $7,800 Savings of Averted Medicaid Unintentional Births***, each at $7,800
Title X Family Planning clients	30,000	70%	21,000	$5,964,000	841	0	$0
A. likely to have unintended Medicaid birth	1,443	70%	1,010	$286,880	841	0	$0
B. all others	28,557	70%	19,990	$5,677,120			
Community Health Center (CHC) clients	44,000	27%	11,952	$3,394,487	1,234	0	$0
A. likely to have unintended Medicaid birth	2,116	70%	1,482	$420,757	1,234	0	$0
B. all others	41,884	25%	10,471	$2,973,729			
Women in need of FP who are not Title X or CHC clients	65,541	4%	2,649	$752,246		0	
A. likely to have unintended Medicaid birth	8,306	25%	2,076	$589,698		0	
B. all others	57,235	1%	572	$162,548			
All women @<= 150% poverty in need of subs. FP	139,541	26%	35,601	$10,110,733		0	
All women likely to have an unintended Medicaid birth	11,865	39%	4,568	$1,297,336		0	
Targeted marketing				$40,000			
Training and quality assurance				$30,000			
Computer system changes				$200,000			
Contraceptive costs				$10,110,733			
Total costs in 2001				**$10,380,733**			
State of Colorado share is less than $1,191,983:				$1,038,073			

** One year of family planning coverage averts 83.3% of potential births (not 100%) because of contraceptive failures in this population.
*** Averted births from last year are multiplied by the per birth cost.

In 2001, the enrollment percentage "rollover" for women served in CDPHE/Women's Health Family Planning clinics is assumed to be 70 percent. For those in CHCs, the proportion is 70 percent among those most likely to conceive, and 25 percent among all others. The overall level of 27 percent for CHCs matches the current CHC provision of family planning among its female clients of childbearing age. Among women who are not receiving services at CDPHE/WH or CHC clinics the proportion who will now receive Medicaid coverage is 25 percent among those most likely to have an unintended Medicaid birth, and 1 percent among all others.

Medicaid Family Planning Waiver
Estimated Enrollment and Costs: 2002

Category of Currently Medicaid Ineligible Women	(1) Number	(2) Predicted Medicaid Enrollment Percentage	(3)=(1) * (2) Resulting Medicaid Enrollment	(4)=(3) * $284 Cost of FP at $284.00 per client	(5)=(3) * 83.3% Number of Averted Births** (next year)	(6)=(5) from prev. year Number of Averted Births (last year)	(7)=(6)*$7,839 Savings of Averted Medicaid Unintentional Births***, each at $7,839
Title X	30,000	75%	22,500	$6,390,000	924	841	$6,592,599
A. likely to have unintended Medicaid birth	1,479	75%	1,109	$315,050	924	841	$6,592,599
B. all others	28,521	75%	21,391	$6,074,950			
CHC clients not currently covered by Medicaid	44,000	27%	12,085	$3,432,049	1,355	1,234	$9,673,326
A. likely to have unintended Medicaid birth	2,169	75%	1,627	$462,073	1,355	1,234	$9,673,326
B. all others	41,831	25%	10,458	$2,969,976			
Women in need of FP who are not Title X or CHC client	66,650	5%	3,135	$890,424	2,127	1,730	
A. likely to have unintended Medicaid birth	8,513	30%	2,554	$725,315	2,127	1,730	
B. all others	58,137	1%	581	$165,109			
All women @<= 150% poverty in need of subs. FP	140,650	27%	37,720	$10,712,473	4,407	3,805	
All women likely to have an unintended Medicaid birth	12,162	44%	5,290	$1,502,439	4,407	3,805	
Targeted marketing				$45,000			
Training and quality assurance				$30,000			
Computer system changes				$30,000			
Contraceptive costs				$10,712,473			
Total costs in 2002				**$10,817,473**			
State of Colorado share is less than $1,191,983:				$1,081,747			
Savings in 2002 (from averted births from prior year)				$13,561,470			
Expenditures in 2001				$10,380,733			
Difference (Net Savings)				$3,180,737			
Cost Benefit Ratio				$1.00:$1.31			

** One year of family planning coverage averts 83.3% of potential births (not 100%) because of contraceptive failures in this population.
*** Averted births from last year are multiplied by the per birth cost.

In 2002, the enrollment percentage "rollover" for women served in CDPHE/WH Family Planning clinics is increased to 75 percent. For those in CHCs, the proportion is increased to 75 percent among those most likely to conceive, and kept at 25 percent among all others. The overall level of 27 percent for CHCs matches the current CHC provision of family planning among its female clients of childbearing age. Among women who are not CDPHE/WH or CHC clients, the proportion who will now receive Medicaid coverage is 30 percent among those most likely to conceive an unintended Medicaid birth, and 1 percent among all others.

Medicaid Family Planning Waiver
Estimated Enrollment and Costs: 2003

Category of Currently Medicaid Ineligible Women	(1) Number	(2) Predicted Medicaid Enrollment Percentage	(3)=(1) * (2) Resulting Medicaid Enrollment	(4)=(3) * $284 Cost of FP at $284.00 per client	(5)=(3) * 83.3% Number of Averted Births** (next year)	(6)=(5) from prev. year Number of Averted Births (last year)	(7)=(6)*$7,878 Savings of Averted Medicaid Unintentional Births***, each at $7,878
Title X	30,000	80%	24,000	$6,816,000	1,010	924	$7,279,452
A. likely to have unintended Medicaid birth	1,516	80%	1,213	$344,457	1,010	924	$7,279,452
B. all others	28,484	80%	22,787	$6,471,543			
CHC clients not currently covered by Medicaid	44,000	28%	12,223	$3,471,328	1,482	1,355	$10,674,954
A. likely to have unintended Medicaid birth	2,224	80%	1,779	$505,204	1,482	1,355	$10,674,954
B. all others	41,776	25%	10,444	$2,966,124			
Women in need of FP who are not Title X or CHC client	67,768	5%	3,645	$1,035,040	2,544	2,127	$16,756,921
A. likely to have unintended Medicaid birth	8,726	35%	3,054	$867,362	2,544	2,127	$16,756,921
B. all others	59,042	1%	590	$167,678			
All women @<= 150% poverty in need of subs. FP	141,768	28%	39,867	$11,322,368	5,036	4,407	$34,711,327
All women likely to have an unintended Medicaid birth	12,466	49%	6,046	$1,717,023	5,036	4,407	$34,711,327
Targeted marketing				$35,000			
Training and quality assurance				$30,000			
Computer system changes				$30,000			
Contraceptive costs				$11,322,368			
Total costs in 2003				**$11,417,368**			
Savings in 2003 (from averted births from prior year)				$16,756,921			
Expenditures in 2002				$10,817,473			
Difference (Net Savings)				$5,939,448			
Cost Benefit Ratio				$1.00: $1.55			

** One year of family planning coverage averts 83.3% of potential births (not 100%) because of contraceptive failures in this population.
*** Averted births from last year are multiplied by the per birth cost.

In 2003, the enrollment percentage "rollover" for women served in CDPHE/WH Family Planning clinics is increased to 88 percent. For those in CHCs, the proportion is increased to 80 percent among those most likely to conceive, and kept at 25 percent among all others. The overall level of 28 percent for CHCs is slightly higher than the current CHC provision of family planning among its female clients of childbearing age. Among women who are not CDPHE/WH or CHC clients, the proportion who will now receive Medicaid coverage is 35 percent among those most likely to conceive an unintended Medicaid birth, and 1 percent among all others.

Medicaid Family Planning Waiver
Estimated Enrollment and Costs: 2004

Category of Currently Medicaid Ineligible Women	(1) Number	(2) Predicted Medicaid Enrollment Percentage	(3)=(1) * (2) Resulting Medicaid Enrollment	(4)=(3) * $284 Cost of FP at $284.00 per client	(5)=(3) * 83.3% Number of Averted Births** (next year)	(6)=(5) from prev. year Number of Averted Births (last year)	(7)=(6)*$7,918 Savings of Averted Medicaid Unintentional Births***, each at $7,918
Title X	30,000	80%	24,000	$6,816,000	1,036	1,010	$7,996,762
A. likely to have unintended Medicaid birth	1,554	80%	1,243	$353,074	1,036	1,010	$7,996,762
B. all others	28,446	80%	22,757	$6,462,926			
CHC clients not currently covered by Medicaid	44,000	28%	12,254	$3,480,017	1,519	1,482	$11,733,862
A. likely to have unintended Medicaid birth	2,279	80%	1,823	$517,842	1,519	1,482	$11,733,862
B. all others	41,721	25%	10,430	$2,962,174			
Women in need of FP who are not Title X or CHC client	68,892	6%	4,177	$1,186,322	2,980	2,544	
A. likely to have unintended Medicaid birth	8,944	40%	3,578	$1,016,070	2,980	2,544	
B. all others	59,948	1%	599	$170,252			
All women @<= 150% poverty in need of subs. FP		%					
All women likely to have an unintended Medicaid birth	12,778	52%	6,644	$1,886,986	5,535	5,036	$39,872,963
Targeted marketing				$30,000			
Training and quality assurance				$30,000			
Computer system changes				$25,000			
Contraceptive costs				$11,482,338			
Total costs in 2004				$11,567,338			
State of Colorado share is less than $1,191,983:				$1,156,734			
Savings in 2004 (from averted births from prior year)				$20,142,339			
Expenditures in 2003				$11,417,368			
Difference (Net Savings)				$8,724,971			
Cost Benefit Ratio				$1.00: $1.76			

** One year of family planning coverage averts 83.3% of potential births (not 100%) because of contraceptive failures in this population.
*** Averted births from last year are multiplied by the per birth cost.

In 2004, the enrollment percentage "rollover" for women served in CDPHE/WH Family Planning clinics is kept at 80 percent. For those in CHCs, the proportion is increased to 90% percent among those most likely to conceive, and kept at 25 percent among all others. The overall level of 28 percent for CHCs is slightly higher than the current CHC provision of family planning among its female clients of childbearing age. Among women who are not CDPHE/WH or CHC clients, the proportion who will now receive Medicaid coverage is 40 percent among those most likely to conceive an unintended Medicaid birth, and 1 percent among all others.

Medicaid Family Planning Waiver
Estimated Enrollment and Costs: 2005

Category of Currently Medicaid Ineligible Women	(1) Number	(2) Predicted Medicaid Enrollment Percentage	(3)=(1) * (2) Resulting Medicaid Enrollment	(4)=(3) * $284 Cost of FP at $284.00 per client	(5)=(3) * 83.3% Number of Averted Births** (next year)	(6)=(5) from prev. year Number of Averted Births (last year)	(7)=(6)*$7,957 Savings of Averted Medicaid Unintentional Births***, each at $7,957
Title X	30,000	82%	24,600	$6,986,400	1,070	1,036	$8,243,632
A. likely to have unintended Medicaid birth	1,567	82%	1,285	$364,896	1,070	1,036	$8,243,632
B. all others	28,433	82%	23,315	$6,621,504			
CHC clients not currently covered by Medicaid	44,000	28%	12,310	$3,496,016	1,570	1,519	$12,086,947
A. likely to have unintended Medicaid birth	2,298	82%	1,884	$535,181	1,570	1,519	$12,086,947
B. all others	41,702	25%	10,425	$2,960,835			
Women in need of FP who are not Title X or CHC client	70,026	6%	4,217	$1,197,738	3,005	2,980	$23,712,378
A. likely to have unintended Medicaid birth	9,018	40%	3,607	$1,024,477	3,005	2,980	$23,712,378
B. all others	61,007	1%	610	$173,261			
All women @<= 150% poverty in need of subs. FP	144,026	29%	41,127	$11,680,154	5,645	5,535	$31,956,010
All women likely to have an unintended Medicaid birth	12,883	53%	6,777	$1,924,554	5,645	5,535	$44,042,958
Targeted marketing				$15,000			
Training and quality assurance				$30,000			
Computer system changes				$0			
Contraceptive costs				$11,680,154			
Total costs in 2004				$11,725,154			
State of Colorado share is less than $1,191,983:				$1,172,515			
Savings in 2005 (from averted births from prior year)				$23,712,378			
Expenditures in 2004				$11,567,338			
Difference (Net Savings)				$12,145,040			
Cost Benefit Ratio				$1.00: $2.05			
Cumulative Savings for 5-year project*				**$98,204,093**			
Cumulative Expenditures for 5-year project				**$55,308,067**			
Cumulative Net Savings for 5-year project				**$42,896,026**			
Cumulative Cost Benefit Ratio				**$1.00: $1.78**			

D-3

* Includes savings of 3,005 averted births * $7,997 estimated per birth cost = $24,030,985 to be realized in 2006.
** One year of family planning coverage averts 83.3% of potential births (not 100%) because of contraceptive failures in this population.
*** Averted births from last year are multiplied by the per birth cost.

In 2005, the enrollment percentage "rollover" for women served in TCDPHE/WH Family Planning clinics is increased to 82 percent. For those in CHCs, the proportion is kept at 82% percent among those most likely to conceive, and kept at 25 percent among all others. The overall level of 28 percent for CHCs is slightly higher than the current CHC provision of family planning among its female clients of childbearing age. Among women who are not CDPHE/WH or CHC clients, the proportion who will now receive Medicaid coverage is 40 percent among those most likely to conceive an unintended Medicaid birth, and 1 percent among all others.